

## FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS

## 1. Person Making the Disbursements/Obligations

(a) Name

New Direction PAC

(b) Address (number and street) ☐ check if different than previously reported  
3518 Fremont Avenue, N  
S545

(c) City, State and ZIP Code

Seattle

WA

98103

(d) Name of Employer or Principal Place of Business

(e) Occupation

## 2. FEC Identification Number

C C30002612

## 3. Is This Statement



New

or



Amended

## 4. Covering Period

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016D D D / Y Y Y Y Y Y  
07 / 2016

through

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016D D D / Y Y Y Y Y Y  
07 / 2016

## 5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2016D D D / Y Y Y Y Y Y  
07 / 2016Y Y Y Y Y Y  
2016

(b) Communication Title Cloth: 10/7/16 - 11/7/16

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: WA Political Comm

## 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☒No ☐

## 8. Custodian of Records

(a) Name

Petterson, Jay, , ,

(b) Address (number and street)

119 1st Avenue, S  
S320

(c) City, State and ZIP Code

Seattle

WA

98104

(d) Name of Employer or Principal Place of Business

New Direction PAC

(e) Occupation

Treasurer

## 9. Total Donations This Statement

400000.00

## 10. Total Disbursements/Obligations This Statement

43748.50

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Petterson, Jay, , ,

SIGNATURE

Petterson, Jay, , ,

[Electronically Filed]

DATE

10/08/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**SCHEDULE 9-A**  
**Donation(s) Received**

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<b>A.</b> Full Name of Donor <b>The Kennedy Fund</b>	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">09 / 23 / 2016</div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">400000.00</div>
Mailing Address of Donor 3518 Fremont Avenue, N S545	<b>Transaction ID : F92.000001</b>
City State Zip Seattle WA 98103	
<b>B.</b> Full Name of Donor  Mailing Address of Donor  City State Zip	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
<b>C.</b> Full Name of Donor  Mailing Address of Donor  City State Zip	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
<b>D.</b> Full Name of Donor  Mailing Address of Donor  City State Zip	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
<b>E.</b> Full Name of Donor  Mailing Address of Donor  City State Zip	Date of Receipt <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div> Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
<b>SUBTOTAL</b> of Donations This Page (optional) ..... ►	
<b>TOTAL</b> This Period (last page this line number only) ..... ► (carry total from last page to Line 9)	
<div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">400000.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">400000.00</div>	

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Buying Time, LLC</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>10</span> <span>05</span> <span>2016</span> </div>	
<b>Mailing Address of Payee</b> 650 Massachusetts Ave, NW S210				<b>Amount</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>43748.50</span> </div>	
<b>City</b> Washington		<b>State</b> DC		<b>Zip Code</b> 20001	
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>10</span> <span>07</span> <span>2016</span> </div>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b> Media Advertising (Cable): Cloth - 10/7 - 11/7				<b>Transaction ID : F93.000001</b>	
<b>Name of Federal Candidate</b> Trump, Donald, , ,		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input checked="" type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Transaction ID : F94.000002</b>		<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

  

<b>B. Full Name (Last, First, Middle Initial) of Payee</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
<b>Mailing Address of Payee</b>				<b>Amount</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>43748.50</span> </div>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Name of Employer</b>		<b>Occupation</b>		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>MM / DD / YYYY</span> </div>	
<b>Purpose of Disbursement (Including title(s) of communication(s))</b>					
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<b>Name of Federal Candidate</b>		<b>Office Sought:</b> <div style="display: flex; align-items: center;"> <input type="checkbox"/> House           <input type="checkbox"/> Senate           <input type="checkbox"/> President         </div>		<b>Disbursement/Obligation For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

  

<b>SUBTOTAL of Disbursements/Obligations This Page (optional) .....</b>		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>43748.50</span> </div>
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>43748.50</span> </div>